2025 Insurance Worksheet (Monthly)

This form can be used if you are paying for multiple pastors or staff members.

Hiring Body (Church Name):_____

Thank you for circling the correct month each time you send the form in.

Circle the Payment Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Member Name (Pastor/Pastoral Staff)	Long Term Disability (Mutual of Omaha) $18.00	Life Insurance (Mutual of Omaha) $15.00 (up to age 65) $10.00 (age 65 to 70) $8.00 (age 71 plus)	Retiree Benevolent Fund (0.25 of 1% of monthly salary, including housing and utility allowance if applicable) (0.0025 X monthly salary).	Total
Total				

Check Number: _____ Treasurer's Signature: _____

Date: _____

Note any changes in the Church Treasurer's address and phone below:

_____

_____

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Pay On-Line at: https://www.osvhub.com/efcer/funds

Or make checks payable and mail to: **Evangelical Friends Church - Eastern Region**
5350 Broadmoor Circle NW, Canton, OH 44709

Note: all life and disability insurance payments are due by the 15th of each month.

11/06/24 mh